

3 5M 8-10-35

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.\*

Place of Birth Miami County Gila No. Church Hill St.  
(Registration District)

SEX OF CHILD* <b>male</b>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>July</u> <u>25</u> <u>1939</u> (Month) (Day) (Year)			
FULL* NAME <u>Manuel Armendariz</u>		FATHER	
FULL* MAIDEN NAME <u>Anna Organ Armendariz</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has  
been named

Manuel Armendariz

(Give name in full)

(Surname)

Anna Organ Armendariz  
(Parent's Signature)

Dr. L. L. L. L.  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Form X

419-725-119